	APPLICATIO	N NUMBER	10/527	189	
1 —	Rejected -	(Through Humeral) Caric	elled N Non-Ele		
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		Claim	Date	Claim	Date
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49	╏╏╏	98	┝╌╂╌╂╌┤╌┤	148	
छ		100	╼╂ ╌╂ ╼╂╼┦	148	

If more than 150 claims or 10 actions staple additional sheet here